

Interjurisdictional TB Notification Follow-up

- ☐ 30-day status: ☐ located
☐ Interim ☐ not located
☐ Final

Date Notification Received ____ / ____ / ____

Return follow-up form to:

Name _____ Fax number _____
Address _____ City _____ State _____ Zip Code _____
Jurisdiction _____ Phone number _____

Patient name _____ Date of birth ____ / ____ / ____
Last First M.I.

Sex ☐ Male ☐ Female

☐ **Case:** Indicate reason therapy stopped and outcome date ____ / ____ / ____

Send F/U2 to reporting jurisdiction RVCT# _____

☐ Completed

☐ Moved to: address _____
city _____ county _____ state _____
Telephone () _____

☐ Lost (after initially located)

☐ Never located

☐ Uncooperative or refused

☐ Not TB

☐ Died

☐ Other: _____

☐ Suspect/Source Case Finding:

☐ Verified* by lab

☐ Verified* by clinical definition

☐ Verified* by provider diagnosis

☐ Not verified

☐ Other: _____

*If verified, and referring jurisdiction will submit the RVCT, complete **Case** outcome above

☐ Contact (send local contact form, if follow-up performed):

☐ No follow-up performed

☐ Never located

☐ Evaluated: ☐ Class II

☐ Class III

☐ Class IV

☐ No infection

☐ Started treatment

☐ Continuing treatment

☐ Completed treatment

☐ Other: _____

☐ LTBI/Convertors:

☐ No follow-up performed

☐ Never located

☐ Started treatment

☐ Continuing treatment

☐ Completed treatment

☐ Other: _____

Comments: _____

Person completing form _____ Date completed ____ / ____ / ____